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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/481,152 07/28/2003  
*P.D*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*P.D*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
 Examiner's Signature *[Signature]* Initials *P.D*

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TITLE  
 Axial Compression Electrical Connector

FILING FEE  RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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